



2018 Legislative Wrap-up

Missouri bills become law on August 28 unless an emergency clause passed for immediate activation. The table below outlines legislation affecting the Department or behavioral health services for the citizens we serve. Use the hyperlinks to read the full bill and review the table for section summaries. **Highlights include:**

- ✓ **SB660** contained DMH initiatives:
 - **Involuntary Medication and Motion to Proceed** HB1970 Fitzwater and SB 661 Riddle
 - **Inspection of Residential Facilities and Timeline** HB2611 Smith and SB 1095 Hoskins
 - **DMH added to Data Match Statute to qualify for DSH** HB2716 Hurst and SB1083 Walsh
- ✓ **SB718** and **SB951** addressed:
 1. **Collaborative practice and supervisory agreements between physicians and APRNs, assistant physicians and physician assistants:**
 - A collaborating or supervising physician can enter into a collaborative practice arrangement or supervision agreement with no more than six (6) FTE APRNs, FTE licensed physician assistants, or FTE assistant physicians, or any combination thereof.
 - **Physician assistants only** removed from 50-mile **geographic limitation** with Board of Healing Arts to determine geographic requirement.

Update on Geographic Limits

1. Board of Healing Arts will review “geographic proximity” requirements on supervision agreements for Physician Assistants via the standard procedure for rules so feedback can be provided by those interested.
2. There was a change to APRNs on collaborative practice via rules on April 26 which allow APRNs to practice within 75 miles (increased from 50 miles). Here are the links for the rule change and for the actual rule.
<https://pr.mo.gov/nursing.asp> (announcement)
<https://www.sos.mo.gov/CMSImages/AdRules/main//EmergenciesforInternet//20c2200-4.200IE.pdf>
3. Collaborative/supervisory limitations are now
 - a. **Physician Assistants** – limitation TBD by Board of Healing Arts pending rules
 - b. **APRNs – 75 Miles** –as of April 26, 2018
 - c. **Assistant Physicians – 50 Miles** –no change

2. Opioid Crisis

- Advanced practice registered nurses, physician assistants and assistant physicians may prescribe buprenorphine for up to a 30-day supply without refill in certain circumstances.
- An **assistant physician** providing opioid addiction treatment can receive a certificate of prescriptive authority without having completed 120 hours of practice in a four-month period with a collaborating physician.



2018 Legislative Wrap-up

3. Parity

- Insurance coverage of medication assisted treatment (MAT) for substance use disorder(SUD)
- Chemical Dependency carve out removed from definition of mental health disorder under health plans

✓ [SB775](#) provides an extension of provider rate tax for one more year.

✓ [SB806](#) updates guardianship and conservatorship statutes with language from [MO-WINGS](#) collaboration.

Click for the list of [all bills Truly Agreed to and Finally Passed in 2018](#) and the [Governors' Action on all bills](#)

Link to Bill	Topic	Statute and Summary
CCS HCS SB 660 Riddle Mental Health Omnibus Bill Signed 6/1 (*designates DMH initiative)	Eliminates “Fall Back” Emergency Declaration in specified DMH facilities	630.945 Exempts the first Sunday of November each year when Daylight Saving Time ends from current law requirements that limit the number of hours a state employee may work in a 24-hour period in certain secured mental health facilities. Previously, DMH had to declare an emergency to cover 13-hour shifts during “Fall Back.” (SB660 Riddle)
	Adds DMH to the data match statute*	208.217 DMH is required to conduct a Third Party Liability (TPL) review for individuals in DMH operated psychiatric hospitals. Most DMH clients do not have outside insurance. If they do, the state can recoup the cost of the services by filing a claim. If they do not, DMH may claim Disproportionate Share Hospital payments (DSH) from the Federal Government Center for Medicaid and Medicare Services (CMS), which are shared with Department of Social Services and DMH in a percentage formula. ¹ Ultimately, DSH funds cover the uninsured and the program is audited regularly for compliance. (HB2716 Hurst and SB1083 Walsh)
	Involuntary Medication and Motion to Proceed*	552.020. Provides that after a person accused of committing a crime has been committed to the Department of Mental Health due to lack of mental fitness to stand trial, DMH legal counsel shall have standing to participate in hearings regarding involuntary medications for the accused and motions to proceed. (HB1970 Fitzwater and SB 661 Riddle)
	Inspection of Residential Facilities and Timeline*	630.745. Improves the notification timelines for communication of deficiencies and the re-inspection process. Allows use of electronic mail (email) to save money on postage/ certified mail and Improves responsiveness by allowing documentation to be sent directly to the responsible party instead of going through the head of the facility. The process deadline increased by 5 days, (55 days to 60 days)



2018 Legislative Wrap-up

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		consistent with other standard deadlines. (HB2611 Smith and SB 1095 Hoskins)
	PTS Awareness Day	9.270 Establishes Post Traumatic Stress Awareness Day June 27 (HB1375 Ruth)
	PCSAS acceptable for psychologists' licensure	337.100-337.165 Doctoral degrees from Psychological Clinical Science Accreditation System are acceptable for licensure as psychologist with certain requirements (HB1629 Evans)
	MH professional definitions	<p>632.005 (13) Expands definition of MH professional to include psychiatric physician assistant, psychiatric assistant physician, psychiatric advanced practice registered nurse. Specific definitions include:</p> <p>632.005 (17) "Psychiatric advanced practice registered nurse", a registered nurse who is currently recognized by the board of nursing as an advanced practice registered nurse, who has at least two years of experience in providing psychiatric treatment to individuals suffering from mental disorders;</p> <p>632.005 (18) "Psychiatric assistant physician", a licensed assistant physician under chapter 334 and who has had at least two years of experience as an assistant physician in providing psychiatric treatment to individuals suffering from mental health disorders;</p> <p>632.005 (20) "Psychiatric physician assistant", a licensed physician assistant under chapter 334 and who has had at least two years of experience as a physician assistant in providing psychiatric treatment to individuals suffering from mental health disorders or a graduate of a postgraduate residency or fellowship for physician assistants in psychiatry; (HB2295 Helms)</p>
CCS HCS SB 655 Sifton Sex Offender Database and Registration Signed 7/13	Marriage age	451.090 raises the age of marriage from 15 to 16. No license will be issued to person over 21 for marriage to anyone younger than 18. Persons younger than 18 need consent of custodial parent or guardian to marry.
	Sex Offender Registration	<p>589.403 Adds "other private facilities recognized by or contracted with the DMH" to the list of entities that are required to ensure that persons who must register as a sex offender do so prior to their release from such a facility. This will create additional responsibilities for DMH.</p> <p>Also, new language establishes that persons required to register be notified of the requirement at least seven days prior to their release. Clients within DMH do not have definite release dates as those dates are controlled by the</p>



2018 Legislative Wrap-up

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		Courts. A seven-day notification could delay the discharge and thus further increase the bed shortages DMH faces
CCS HCS SCS SB718 Eigel Health Omnibus Bill Signed 7/9	Diabetes Awareness Month	9.158 November designated Diabetes Awareness Month
	Show Me Freedom from Opioid Addiction Decade	9.192 2018-2028 designated Show Me Freedom from Opioid Addiction Decade
	Caregiver, Advise, Record and Enable (CARE) Act	191.1150 The CARE Act allows each patient (or their legal guardian) receiving treatment at a hospital or ambulatory surgical center to identify and provide written consent for access to medical records and information for post-discharge care. DHSS will provide a standard form to be used or hospitals and surgical centers can use their existing forms if compliant with CMS standards.
	Drug take back program	195.265 Drug take back program for unused controlled substances. DHSS will create information about the program by August 29, 2019.
	Advisory Council on Rare Diseases and Personalized Medicine in MOHealthNet	208.183. Creates Advisory Council on Rare Diseases and Personalized Medicine within MOHealthNet. Membership includes physicians, researchers, RN/APRN, pharmacists, person with lived experience, rare disease foundation, rep from rare disease center at pediatric hospital, Chairperson or designee from joint committee on life sciences and chairperson of drug utilization review board (ex officio)
	Newborn eye drops exclusion	210.070 Newborn eye drops exclusion for religious beliefs of parents or guardian.
	Assistant Physicians	334.036 Assistant physician has three year timeframe following completion of Step 2 boards (or equivalent) or 3 years following graduation from medical or osteopathic school to apply as assistant physician; cannot be charged licensure fee higher than physician assistant; CME requirements the same as licensed physician. Any rules or regs that conflict with this enacted language will be null and



2018 Legislative Wrap-up

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		void. Health carriers/plans must reimburse assistant physicians services at same rate as comparable mid-level health care provider including but not limited to physician assistants.
	Collaborative practice and supervisory agreements between physicians and APRNs, assistant physicians and physician assistants.	<p>334.037 A collaborating or supervising physician can enter into a collaborative practice arrangement or supervision agreement with no more than six (6) FTE APRNs, FTE licensed physician assistants, or FTE assistant physicians, or any combination thereof. Does not apply to hospital inpatient or to certified registered nurse anesthetist working with an anesthesiologist or other physician, dentist or podiatrist who is immediately available. No requirement for physician to review more than 10% of assistant physicians' patient charts or records w/in one-month period.</p> <p>334.037 12.(1) An assistant physician who is providing opioid addiction treatment can receive a certificate of prescriptive authority without having completed 120 hours of practice in a four-month period with a collaborating physician.</p> <p>334.735 2. (1) This repeals the 50-mile limitation and states that the physician assistant shall practice within a geographic proximity to be determined by the Board of Registration for the Healing Arts.</p> <p>334.735 2. (2) No supervision requirements in addition to the minimum federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic or a federally qualified health center.</p> <p>334.104 Advanced practice registered nurses, 334.747 physician assistants and 334.037 12. assistant physicians may prescribe buprenorphine for up to a 30-day supply without refill in certain circumstances.</p>
	PCSAS acceptable for psychologists' licensure	337.025-337.033 Psychologist licensure in Missouri will recognize Psychological Clinical Science Accreditation System (PCSAS), which is often used by academics.
	Patient Satisfaction Scores	374.426 In defining data standards for quality of care and patient satisfaction, the director of the department of insurance, financial institutions and professional registration



2018 Legislative Wrap-up

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		shall not require patient scoring of pain control and shall discontinue the use of patient satisfaction scores and shall not make them available to the public to the extent allowed by federal law.
	Insurance coverage of MAT for SUD	376.811 Every insurance company and health services corporation doing business in this state shall offer in all health insurance benefits or coverage for chemical dependency meeting the following minimum standards:.... "Coverage for medication-assisted treatment for substance use disorders for use in treating such patient's condition, including opioid-use and heroin-use disorders."
	Maintenance medications for military	338.202 Maintenance medications for more than 90 days allowable for members of armed forces serving outside of US or if meds prescribed by an out of state practitioner in compliance with laws of that state.
	Eye drop refills sunset clause	376.1237 Removes sunset clause for eye drop refills delivered, issued for delivery, continued or renewed after 1/1/14.
	Chemical Dependency carve out	376.1550 Removes carve out of chemical dependency from definition of mental health disorder under health plans.
	Improved Access to Treatment for Opioid Addiction (IATOA) Act	630.875 IATOA is subject to appropriations. DMH will create and oversee an IATO program to include information dissemination and best practices regarding opioid addiction. Assistant physicians who participate in the IATOA program shall complete the requirements to prescribe buprenorphine within 30 days of joining the program. The Department of Mental Health may develop curriculum, examinations, and certification on the subject of opioid addiction and treatment. An assistant physician in the IATOA program may serve several functions. When an overdose survivor comes to an emergency room, an assistant physician shall provide treatment options and support to the survivor, when reasonably practicable.
	MH Professional Definitions	632.005 (13) Expands definition of MH professional to include psychiatric physician assistant, psychiatric assistant physician, psychiatric advanced practice registered nurse. Specific definitions include: 632.005 (17) "Psychiatric advanced practice registered nurse", a registered nurse who is currently recognized by the



2018 Legislative Wrap-up

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		<p>board of nursing as an advanced practice registered nurse, who has at least two years of experience in providing psychiatric treatment to individuals suffering from mental disorders;</p> <p>632.005 (18) "Psychiatric assistant physician", a licensed assistant physician under chapter 334 and who has had at least two years of experience as an assistant physician in providing psychiatric treatment to individuals suffering from mental health disorders;</p> <p>632.005 (20) "Psychiatric physician assistant", a licensed physician assistant under chapter 334 and who has had at least two years of experience as a physician assistant in providing psychiatric treatment to individuals suffering from mental health disorders or a graduate of a postgraduate residency or fellowship for physician assistants in psychiatry;</p>
<p>CCS HCS SS SCS SB 775 Brown</p> <p>Sunset extension for provider taxes</p> <p>Signed 6/1</p>	<p>Intermediate Care Facility for the Intellectually Disabled Reimbursement Allowance Tax</p>	<p>633.401 The Federal Reimbursement Allowance Tax in place for the Department of Mental Health's residential programs for the Intellectually Disabled is extended for another year – to September 30 2019.</p> <p>This bill also extends the same Reimbursement Allowance Tax for another year for the Ground Ambulance, Nursing Facility, Medicaid Managed Care Organizations, Hospitals and Pharmacies.</p>
<p>CCS HCS SB806 Crawford</p> <p>Guardianship and Conservatorship</p> <p>Signed 6/1</p> <p>(includes language from MO-WINGS collaboration via HB1553 Neely)</p>	<p>Debts owed to State</p>	<p>473.398 Debt owed to the state for medical assistance is sixth on the priority list of claims paid from the deceased's estate. Currently, claims against an estate for payments made under MOHealthNet or the State Children's Health Insurance Program are allowed upon the showing of proof of moneys expended. This act removes a certified statement from the Treasurer as substantial evidence of such payment.</p>
	<p>Definitions</p>	<p>475.010 Adds definitions of Conservator Ad Litem and interested persons; updates definitions of habilitation and least restrictive (environment to) alternative, and adds cognitive to definitions for partially incapacitated person and partially disabled person.</p>
	<p>8/28/19 is Compliance deadline for new reporting requirements</p>	<p>475.016 Existing guardians and conservators shall have one year after August 28, 2018, to meet any annual and other reporting requirements that are different from the former requirements of chapter 475 prior to August 28, 2018</p>
	<p>Guardianship</p>	<p>475.050 The court shall not appoint an unrelated third party as a guardian or conservator unless there is no relative</p>



2018 Legislative Wrap-up

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	<p>and conservatorship priority order of appointees, processes, responsibilities and reporting</p>	<p>suitable and willing to serve or if the appointment of a relative or nominee is otherwise contrary to the best interests of the incapacitated or disabled person. If the incapacitated or disabled person is a minor under the care of the children's division and is entering adult guardianship or conservatorship, it shall be a rebuttable presumption that he or she has no relative suitable and willing to serve as guardian or conservator. Appointees must have background check with exemptions for public administrators and certain family members over 18. Explains information required to appoint co-guardian or emergency guardian.</p> <p>475.061 Outlines when the court will appoint an attorney or person designated by respondent as conservator. If respondent is cotenant or codepositor, the others will be notified before the court acts.</p> <p>475.070 Process and notification for appointing a guardian or conservator for a minor.</p> <p>475.075 Scheduling and notifying of hearing; information available to public administrator or attorney; the court may have professionals evaluate respondent and provide a written report to all parties; explains how that report can be shared, and outlines the rights of the respondent. Process for emergency guardian ad litem or conservator ad litem for 90-days with hearing held w/in 5 business days of the petition, as well as extension and termination procedures.</p> <p>475.078. Retaining right to vote, drive and marry.</p> <p>475.079 The Court must notify the Public Administrator and allow their participation in any hearing where they may be appointed to serve as guardian, limited guardian, conservator, limited conservator, emergency guardian, emergency conservator, guardian ad litem, or conservator ad litem on, including the right to cross-examine witnesses and to offer witnesses and evidence. The public administrator may waive notice and the opportunity to participate.</p> <p>475.080 Appointing limited guardian and limited conservator.</p> <p>475.082 Annual report for Court and a summarized plan for the coming year. DHSS and other agencies may be contacted by the court for information.</p> <p>475.083 Termination or modification of guardianship or conservatorship.</p> <p>475.084 Parent of minor under guardianship can petition for visitation.</p> <p>475.094 Approved conservator actions upon expressed</p>



2018 Legislative Wrap-up

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		<p>authorization by court and following notification to interested parties.</p> <p>475.120 (10) Except as otherwise limited by the court, a guardian shall make decisions regarding the adult ward's support, care, education, health, and welfare. A guardian shall exercise authority only as necessitated by the adult ward's limitations and, to the extent possible, shall encourage the adult ward to participate in decisions, act on the adult ward's own behalf, and develop or regain the capacity to manage the adult ward's personal affairs</p> <p>475.125 2 Determining support allowance of protectee.</p> <p>475.130 3 Conservator reasonable efforts for managing, investing, and distributing the estate of a protectee.</p> <p>475.145 The conservator's estate inventory shall also disclose any nonprobate transferees designated to receive nonprobate transfers after the protectee's death.</p>
	10 day hearing notice	475.230 10-day notice of hearing to protectee regarding sale of tangible property.
	Annual report	475.270 Conservator must file annual report with court detailing estate status and outlines reporting requirements if protectee is indigent.
	PA reporting exclusion	475.260 4 Excludes Public Administrator from reporting requirements outlined.
	Reporting requirements waived	475.276 Court may waive reporting requirements in 475.270 and 475.275 if Protectee assets controlled by Social Security payee or Veterans fiduciary or asset value does not exceed public benefit eligibility in chapter 208.
	Final Settlement	475.290 Conservator final settlement
	Conflict of interest	475.341 Handling of conflict of interest in fiduciary responsibilities and personal interest when conservator sells assets or other transactions. Excludes Public administrators serving as conservators.
	Separate assets	475.342. Estate property to be maintained separately from conservator's own.
	Inadequate funds, admission to behavioral health facility, and social service agencies serving as	<p>475.343 1 If funds inadequate, guardian can contact county commission under 475. 370. 475.343 2 No guardian shall have authority to seek admission of the guardian's ward to a mental health facility or an intellectual disability facility for more than thirty days for any purpose without court order except as otherwise provided by law. 475.343 3 Only the director or chief administrative officer of a social service agency serving as guardian of an incapacitated person, or such person's designee, is legally authorized to act on behalf</p>



2018 Legislative Wrap-up

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	guardian	of such person. 475.343 4 Must notify court w/in 15 days if change in professional person from agency serving as guardian. 475.343 5 Any social service agency serving as guardian shall not provide other services to the ward
	Probate Court Jurisdiction	475.357 The probate divisions of the courts of this state have jurisdiction over issues of the adjudication of incapacity, partial incapacity, disability, or partial disability and the appointment of a guardian, limited guardian, conservator, or limited conservator of an adult eighteen years of age or older whose parents have a pending matter under chapter 210 or chapter 452 for child custody or visitation of that child.
	Ward Rights	475.361 Ward guardianship rights
	Habilitation Definition	630.005 Definition of habilitation modified to “live as [normally] determined by the person as much as possible, as is appropriate for the person considering his or her physical and mental condition and financial means”
CCS HCS SB951 Crawford Health and Telehealth Signed 7/9 (*designates DMH initiative)	Diabetes Awareness Month	9.158 November designated Diabetes Awareness Month
	Show Me Freedom from Opioid Addiction Decade	9.192 2018-2028 designated Show Me Freedom from Opioid Addiction Decade
	Health Care Records	191.227 Currently, patients may request copies of health history or treatment records from providers. This act specifies that a response to such request may include a statement or record that no such health history or treatment record per the request exists. Additionally, the fees for the search, retrieval, and copying of health care records shall be the fees in effect on February 1, 2018, increased or decreased annually under this provision.
	Telehealth	191.1145, 208.670, 208.671, 208.673, 208.675 and 308.677 This language establishes that a health care provider shall not be prohibited from reimbursing non-clinical staff from services provided through telehealth if otherwise allowable by law.
	Disposal of unused controlled substances	195.070 A DEA-authorized collector of unused controlled substances may accept unused controlled substances from consumers, even if the authorized collector did not originally dispense the drug.
	Drug take back program	195.265 Drug take back program for unused controlled substances. DHSS will create information about the program by August 29, 2019.
	Hospital	197.052 An applicant or holder of a hospital license may



2018 Legislative Wrap-up

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	Regulation	define the premises of a hospital campus to include property separated by only a single intersection as part of the campus.
	Certificates of Need	197.305 New language establishes that a long-term care facility shall only eligible for a non-applicability review if the facility has had no patient care class I deficiencies within the past 18 months and has maintained at least an 85 percent average occupancy rate for the previous six quarters.
	Adds DMH to data match statute*	208.217 DMH is required to conduct a Third Party Liability (TPL) review for individuals in DMH operated psychiatric hospitals. Most DMH clients do not have outside insurance. If they do, the state can recoup the cost of the services by filing a claim. If they do not, DMH may claim Disproportionate Share Hospital payments (DSH) from the Federal Government Center for Medicaid and Medicare Services (CMS), which are shared with Department of Social Services and DMH in a percentage formula. ⁱⁱ Ultimately, DSH funds cover the uninsured and the program is audited regularly for compliance. (HB2716 Hurst and SB1083 Walsh
	Reimbursement of non-clinical staff	191.1145 Provides for reimbursement of non-clinical staff for services otherwise allowed by law.
	Telehealth	208.670 New language requires DSS to reimburse health care providers for telehealth services if such providers can ensure that the services are rendered with the same standard of care that would be provided in person. The Department shall not restrict the originating site through rule or payment as long as the provider can ensure the services meet the requisite standard of care.
	Telehealth in schools	208.677 Prior to the provision of telehealth services provided in a school, the parent or guardian of a child shall provide the necessary authorization.
	New born Eye Drops	210.070 New born eye drops exclusion for religious beliefs of parents or guardian.
	Assistant Physicians	334.036 Assistant physician has three year timeframe following completion of Step 2 boards (or equivalent) or 3 years following graduation from medical or osteopathic school to apply as assistant physician; cannot be charged licensure fee higher than physician assistant; CME requirements the same as licensed physician. Any rules or regs that conflict with this enacted language will be null and void. Health carriers/plans must reimburse assistant physicians services at same rate as comparable mid-level health care provider including but not limited to physician assistants.
	Collaborative	334.037 A collaborating or supervising physician can enter



2018 Legislative Wrap-up

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	practice and supervisory agreements	<p>into a collaborative practice arrangement or supervision agreement with no more than six (6) FTE APRNs, FTE licensed physician assistants, or FTE assistant physicians, or any combination thereof. Does not apply to hospital inpatient or to certified registered nurse anesthetist working with an anesthesiologist or other physician, dentist or podiatrist who is immediately available. No requirement for physician to review more than 10% of assistant physicians' patient charts or records w/in one-month period.</p> <p>334.037 12.(1) An assistant physician who is providing opioid addiction treatment can receive a certificate of prescriptive authority without having completed 120 hours of practice in a four-month period with a collaborating physician.</p> <p>334.104 An APRN may prescribe buprenorphine for up to 30 day supply for patients receiving medication-assisted treated for substance use disorders under the direction of the collaborating physician.</p> <p>New language also increases from 3 to 6 the number of collaborative practice agreements a physician may enter into.</p> <p>334.735 2. (1) This repeals the 50-mile limitation and states that the physician assistant shall practice within a geographic proximity to be determined by the Board of Registration for the Healing Arts.</p> <p>334.735 2. (2) No supervision requirements in addition to the minimum federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic or a federally qualified health center.</p> <p>334.747 physician assistants and assistant physicians may prescribe buprenorphine for up to a 30-day supply without refill in certain circumstances.</p>
	Psychologists	337.025-337.033 Psychologist licensure in Missouri will recognize Psychological Clinical Science Accreditation System (PCSAS), which is often used by academics.
	Patient Satisfaction	374.426 In defining data standards for quality of care and patient satisfaction, the director of the department of insurance, financial institutions and professional registration



2018 Legislative Wrap-up

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		shall not require patient scoring of pain control and shall discontinue the use of patient satisfaction scores and shall not make them available to the public to the extent allowed by federal law.
	Insurance coverage of MAT for SUD	376.811 Every insurance company and health services corporation doing business in this state shall offer in all health insurance benefits or coverage for chemical dependency meeting the following minimum standards:.... “Coverage for medication-assisted treatment for substance use disorders for use in treating such patient’s condition, including opioid-use and heroin-use disorders.”
	Chemical Dependency carve out removed	376.1550 Removes carve out of chemical dependency from definition of mental health disorder under health plans.
	Blood draws	577.029 This new language requires the consent of a patient or a warrant before blood may be drawn at the request of law enforcement for the determining an alcohol/ blood content.
	Improved Access to Treatment for Opioid Addiction (IATOA) Act	630.875 IATOA is subject to appropriations. DMH will create and oversee an IATO program to include information dissemination and best practices regarding opioid addiction. Assistant physicians who participate in the IATOA program shall complete the requirements to prescribe buprenorphine within 30 days of joining the program. The Department of Mental Health may develop curriculum, examinations, and certification on the subject of opioid addiction and treatment. An assistant physician in the IATOA program may serve several functions. When an overdose survivor comes to an emergency room, an assistant physician shall provide treatment options and support to the survivor, when reasonably practicable.
	MH Professional Definitions	632.005 Adds definition of mental health professionals to include psychiatric assistant physician, psychiatric physician assistant and psychiatric APRN.
HB1415 Lauer Signed 7/10	Sheltered workshop wages	178.931 Changes how much DESE pays sheltered workshops per employee. It does not fiscally impact the DMH, but could affect consumers involved in sheltered workshops. Rate is “... the amount necessary to ensure that at least twenty-one dollars is paid for each six hour or longer day worked by a handicapped employee...” and became effective July 1, 2018.
HB1516 Wiemann	MOHealthNet	208.152 (7) Clients we serve who receive MOHealthNet



2018 Legislative Wrap-up

Link to Bill	Topic	Statute and Summary
Signed 7/5	reimbursement for licensed chiropractic services	services. Subject to appropriation, up to twenty visits per year for services limited to examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body provided by licensed chiropractic physicians practicing within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand MOHealthNet services;
SS#3 SCS HCS HB 1617 Barnes Telehealth Signed 6/1	Reimbursement of non-clinical staff	191.1145 Provides for reimbursement of non-clinical staff for services otherwise allowed by law.
	Telehealth	208.670 New language requires DSS to reimburse health care providers for telehealth services if such providers can ensure that the services are rendered with the same standard of care that would be provided in person. The Department shall not restrict the originating site through rule or payment as long as the provider can ensure the services meet the requisite standard of care.
	Telehealth in schools	208.677 Prior to the provision of telehealth services provided in a school, the parent or guardian of a child shall provide the necessary authorization.
HB2280 Haefner Signed 6/1	Expands MO HealthNet benefits for pregnant women to provide SUD treatment for one year post-partum	208.151. 1. (20) Post-partum women receiving substance abuse treatment within 60 days of giving birth shall be, subject to appropriations and federal approval , eligible for MOHealthNet benefits for substance abuse treatment and mental health services related to substance abuse treatment for no more than 12 additional months, as long as the woman remains adherent with treatment. No later than 15 months following the receipt of any necessary waivers or state plan amendments from the Centers for Medicare and Medicaid Services, the Department of Mental Health and the Department of Social Services shall report to the House Budget Committee and the Senate Appropriations Committee on compliance with federal cost neutrality requirements.

ⁱ Here is a link to more detail on DSH for future reference.

<https://www.medicaid.gov/medicaid/financing-and-reimbursement/dsh/index.html>